

ORDER FOR SUPPLIES AND SERVICES				IMPORTANT: See instructions in GSAR 553.370-300-1 for distribution		PAGE 1 OF 1 PAGE(S)	
1. DATE OF ORDER 02/17/2016		2. ORDER NUMBER GSQ0516BM0023		3. CONTRACT NUMBER GS-06F-0662Z		4. ACT NUMBER A22238054	
FOR GOVERNMENT USE ONLY	5. ACCOUNTING CLASSIFICATION				6. FINANCE DIVISION		
	FUND 285F	ORG CODE Q05FA000	B/A CODE AA20	O/C CODE 25	AC	SS	VENDOR NAME
	FUNC CODE AF151	C/E CODE H08	PROJ./PROS. NO.	CC-A	MDL	FI	G/L DEBT
	W/ITEM	CC-B	PRT./CRFT		AI	LC	DISCOUNT
7. TO: CONTRACTOR (Name, address and zip code) Veer Bhartiya2 ALLIANT SOLUTIONS PARTNER, LLC 13655 DULLES TECHNOLOGY DR STE 110 HERNDON, VA 201714678 United States 703-230-0011				8. TYPE OF ORDER B. DELIVERY		REFERENCE YOUR	
				Please furnish the following on the terms specified on both sides of the order and the attached sheets, if any, including delivery as indicated.			
				This delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract.			
				C. MODIFICATION NO. 000 TYPE OF MODIFICATION:		AUTHORITY FOR ISSUING	
9A. EMPLOYER'S IDENTIFICATION NUMBER (b) (4)			9B. CHECK, IF APPROP WITHHOLD 20%		Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged.		
10A. CLASSIFICATION Limited Liability Company				10B. TYPE OF BUSINESS ORGANIZATION C. Corporation			
11. ISSUING OFFICE (Address, zip code, and telephone no.) GSA Region 05 Jennifer Gherardini 1710 Corporate Crossing Suite#3 Ofallon, IL 62269-1111 United States (618) 622-5808		12. REMITTANCE ADDRESS (MANDATORY) ALLIANT SOLUTIONS PARTNER, LLC 13655 DULLES TECHNOLOGY DR STE 110 Herndon, VA 20171-4678 United States		13. SHIP TO (Consignee address, zip code and telephone no.) Linda L Hollen 5215 Thurlow St, Ste 5 Bldg 70C WPAFB, OH 45433 United States (937) 257-9134			
14. PLACE OF INSPECTION AND ACCEPTANCE Linda L Hollen 5215 Thurlow St, Ste 5 Bldg 70C WPAFB, OH 45433 United States			15. REQUISITION OFFICE (Name, symbol and telephone no.) Carrie A. Littlejohn GSA Region 5 1710 Corporate Crossing Ste 3 Ofallon, IL 62269-3734 United States (618) 622-5803				
16. F.O.B. POINT Destination		17. GOVERNMENT B/L NO.		18. DELIVERY F.O.B. POINT ON OR BEFORE 02/28/2017		19. PAYMENT/DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS	
20. SCHEDULE This task order hereby awards Enterprise Data Collection Layer (EDCL) Sustainment Support Services per the requirements found in the PWS (dated 9 Dec 15), RFQ, Alliant Solutions Partner (ASP) Joint Venture/Miracle Systems LLC technical quote (dated 11 Jan 16), and ASP/Miracle Systems price quote (dated 27 Jan 16). All documents are hereby incorporated into the task order. They can be found within the BOM/SOW. Please see continuation page in BOM/SOW for details.							
ITEM NO.	SUPPLIES OR SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT		
(A)	(B)	(C)	(D)	(E)	(F)		
T0001	Base Period	1	lot	(b) (4)	(b) (4)		
21. RECEIVING OFFICE (Name, symbol and telephone no.) HQ AFMC LSO-LOA (AF AIT PMO), (937) 257-9134				TOTAL From 300-A(s)			
22. SHIPPING POINT Specified in QUOTE			23. GROSS SHIP WT.		GRAND TOTAL (b) (4)		

<p>24. MAIL INVOICE TO: <i>(Include zip code)</i></p> <p>General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (either by mail nor via electronic submission).</p> <p>GENERAL SERVICES ADMINISTRATION</p>	<p>25A. FOR INQUIRIES REGARDING PAYMENT CONTACT: GSA Finance Customer Support</p>	<p>25B. TELEPHONE NO. 816-926-7287</p>
<p>26A. NAME OF CONTRACTING/ORDERING OFFICER <i>(Type)</i> Jennifer Gherardini</p> <p>26C. SIGNATURE Jennifer Gherardini 02/17/2016</p>		<p>26B. TELEPHONE NO. (618) 622-5808</p>
	<p>1. PAYING OFFICE</p>	<p>GSA FORM 300 (REV. 2-93)</p>